



# AUXILIARY APPLICATION FORM



Welcome Aboard Squadrons & Shipmates of the  
U.S.S. Franklin D. Roosevelt & U.S.S. Midway

## AUXILIARY MEMBERSHIP

Before filling out this form please read all the information on the web site regarding this application and the membership fees. Please be sure you are eligible to join and if there are any questions please call us. (See Below)

NAME \_\_\_\_\_ / \_\_\_\_ / 19\_\_\_\_  
First Middle Last Birth date Month Day Year

MAILING ADDRESS \_\_\_\_\_  
Unit or Apt Number

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ / \_\_\_\_ / 19\_\_\_\_  
First Middle Last Birth date Month Day Year

HOME TELEPHONE ( ) \_\_\_\_\_ CELL( ) \_\_\_\_\_  
Optional

E-MAIL ADDRESS \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

MY \_\_\_\_\_ SERVED ABOARD  MIDWAY  
 ROOSEVELT 19\_\_\_\_ to 19\_\_\_\_  
 BOTH Years Aboard Division, Squadron or Department

MY \_\_\_\_\_ SERVED IN SQUADRON \_\_\_\_\_ 19\_\_\_\_ 19\_\_\_\_  
Official Name Nickname Years Served

HE/SHE SERVED FOR \_\_\_\_\_ YEARS in the \_\_\_\_\_ USN \_\_\_\_\_ USNR \_\_\_\_\_ USMC \_\_\_\_\_ ARMY \_\_\_\_\_ USAF \_\_\_\_\_ USCG

RATE & RANK AT DISCHARGE \_\_\_\_\_ HE WAS A POW FOR \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Years Months Days

PLEASE LIST NAMES OF PERSONNEL YOU WISH THE ORGANIZATION TO FIND FOR YOU WHO SERVED WITH YOUR SPOUSE OR FAMILY MEMBER IN A DEPARTMENT, DIVISION, OR SQUADRON DURING THE TIME THAT YOUR LOVE ONE SERVED.

1 \_\_\_\_\_ age \_\_\_\_\_ 4 \_\_\_\_\_ age \_\_\_\_\_

2 \_\_\_\_\_ age \_\_\_\_\_ 5 \_\_\_\_\_ age \_\_\_\_\_

3 \_\_\_\_\_ age \_\_\_\_\_ 6 \_\_\_\_\_ age \_\_\_\_\_

Please provide as much information as you can including full name & middle name if known, age, spouse's name, children's names, town & state.

I have read all the information regarding my application for membership. I fully understand the amount of annual dues will be \$1.00 that I will have to pay each year during the month of July. I reviewed all the By-Laws on the web site and I agree with all the information contained therein.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

PLEASE MAIL APPLICATION

AND CHECK TO:

CHECK AMOUNT \_\_\_\_\_

**SQUADRONS & SHIPMATES**

**346 CARPENTER DRIVE SUITE # 29**

**ATLANTA, GEORGIA 30328-5029**

**(404) 497 0943**

MEMBERSHIP NUMBER \_\_\_\_\_ SPONSORED BY \_\_\_\_\_

(ASSIGNED BY OFFICE)

SPONSOR'S LAST NAME

MEMBERSHIP NUMBER